

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	BT		4-12-00
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	LD	60005	6-13-00
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral) ... Canceled A Appeal
 ÷ Restricted O Objected

Claim	Date
Final	
Original	
1	3/18/00
2	3/18/00
3	3/18/00
4	3/18/00
5	3/18/00
6	3/18/00
7	3/18/00
8	3/18/00
9	3/18/00
10	3/18/00
11	3/18/00
12	3/18/00
13	3/18/00
14	3/18/00
15	3/18/00
16	3/18/00
17	3/18/00
18	3/18/00
19	3/18/00
20	3/18/00
21	3/18/00
22	3/18/00
23	3/18/00
24	3/18/00
25	3/18/00
26	3/18/00
27	3/18/00
28	3/18/00
29	3/18/00
30	3/18/00
31	3/18/00
32	3/18/00
33	3/18/00
34	3/18/00
35	3/18/00
36	3/18/00
37	3/18/00
38	3/18/00
39	3/18/00
40	3/18/00
41	3/18/00
42	3/18/00
43	3/18/00
44	3/18/00
45	3/18/00
46	3/18/00
47	3/18/00
48	3/18/00
49	3/18/00
50	3/18/00

Claim	Date
Final	
Original	
51	
52	
53	
54	
55	
56	
57	
58	
59	
60	
61	
62	
63	
64	
65	
66	
67	
68	
69	
70	
71	
72	
73	
74	
75	
76	
77	
78	
79	
80	
81	
82	
83	
84	
85	
86	
87	
88	
89	
90	
91	
92	
93	
94	
95	
96	
97	
98	
99	
100	

Claim	Date
Final	
Original	
101	
102	
103	
104	
105	
106	
107	
108	
109	
110	
111	
112	
113	
114	
115	
116	
117	
118	
119	
120	
121	
122	
123	
124	
125	
126	
127	
128	
129	
130	
131	
132	
133	
134	
135	
136	
137	
138	
139	
140	
141	
142	
143	
144	
145	
146	
147	
148	
149	
150	

If more than 150 claims or 10 actions
staple additional sheet here

(LEFT INSIDE)

rm of thi
 it to
 disclaim
 arm of th
 l beyond
 ent. No.

riminal
 t have be

G:
 ation disclo:
 outside the



Bib Data Sheet


**UNITED STATES DEPARTMENT OF COMMERCE
Patent and Trademark Office**

 Address: COMMISSIONER OF PATENTS AND TRADEMARKS
Washington, D.C. 20231

SERIAL NUMBER 09/545,794	FILING DATE 04/09/2000 RULE -	CLASS 002	GROUP ART UNIT 3741 3765	ATTORNEY DOCKET NO. 2041 CIP
APPLICANTS William Mazzei, San Diego, CA ; Gregory P. Jordan, Carlsbad, CA ; An P. Vu, Vista, CA ;				
** CONTINUING DATA ***** THIS APPLICATION IS A CIP OF 09/080,975 05/19/1998 OK R2				
** FOREIGN APPLICATIONS ***** none R2				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY ** ** 06/13/2000				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met		STATE OR COUNTRY CA	SHEETS DRAWING 5	TOTAL CLAIMS 22
Verified and Acknowledged Rodrigo Zindoy Examiner's Signature Initials		INDEPENDENT CLAIMS 1		
ADDRESS Donn K Harms 4565 Ruffner Street Ste 200 San Diego, CA 92111				
TITLE Protective cushion and cooperatively engageable helmet casing for anesthetized patient				
FILING FEE RECEIVED 363	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	

PATENT APPLICATION



09545794

jc525 U.S. PTO
09/545794



04/09/00

APR 24 2004

CONTENTS

Date Received
(Incl. C. of M.)
or
Date Mailed

Date Received
(Incl. C. of M.)
or
Date Mailed

1. Application _____ papers. <i>2 Pts.</i>	42.	
2. <i>Change of Address</i> <i>2-5-02</i>	43.	
3. <i>REJECTION MOS</i> <i>3/28/02</i>	44.	
4. <i>Amendment</i> <i>6-25-02</i>	45.	
5. <i>NOTICE OF ALLOWANCE</i> <i>8-9-02</i>	46.	
6. <i>LETTER</i> <i>10/15/02</i>	47.	
7. <i>1/1/03</i> <i>5 sheets</i> <i>9/13/03</i>	48.	
8.	49.	
9.	50.	
10.	51.	
11.	52.	
12.	53.	
13.	54.	
14.	55.	
15.	56.	
16.	57.	
17.	58.	
18.	59.	
19.	60.	
20.	61.	
21.	62.	
22.	63.	
23.	64.	
24.	65.	
25.	66.	
26.	67.	
27.	68.	
28.	69.	
29.	70.	
30.	71.	
31.	72.	
32.	73.	
33.	74.	
34.	75.	
35.	76.	
36.	77.	
37.	78.	
38.	79.	
39.	80.	
40.	81.	
41.	82.	

(LEFT OUTSIDE)